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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of )  
STEVEN SWADDLE ) Docket No.: CS1096#SP  
Serial No.: 09/881,233 ) Group Art Unit: N/A  
Filed: June 14, 2001 ) Examiner: N/A  
For: BELT SANDER )

Assistant Commissioner for Patents  
Washington, D.C. 20231

TRANSMITTAL OF CERTIFIED PRIORITY DOCUMENT

Sir:

Attached is the certified priority document for the above-referenced patent application.

Respectfully Submitted,

Bruce S. Shapiro  
Attorney for Applicant(s)  
Registration No. 33,120

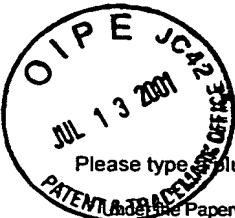
July 11, 2001

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/881,233
		Filing Date	June 14, 2001
		First Named Inventor	Steven Swaddle
		Group Art Unit	N/A
		Examiner Name	
Total Number of Pages in This Submission	3	Attorney Docket Number	CS1096#SP

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> CD, Number of CD(s)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Return Postcard
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bruce S. Shapiro		
Signature			
Date	July 11, 2001		

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